

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010936

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 49

Primary Registration District No. 1002 Registrar's No. 291

STATE FILE NUMBER

FILED FEB 6 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

17 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

Raytown

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

6904 Raytown Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Roy

Middle

Homer

Last

Fincher

4. DATE

OF

DEATH

Month

January

Day

15,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

11/26/1905

9. AGE (last birthday)

56 years

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembler

10b. KIND OF BUSINESS OR INDUSTRY

Fisher Body

11. BIRTHPLACE (City and state or country)

Linn, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joey Fincher

13b. MOTHER'S MAIDEN NAME

Florence Goodman

14. NAME OF HUSBAND OR WIFE

Menne Mae Fincher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Address

Menne Fincher 6904 Raytown Rd. Raytown

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia Bilateral

INTERVAL BETWEEN
ONSET AND DEATH

50 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Repair of mesenteric intestines

DUE TO (c)

10 days after surgery for

Bilateral Dissection

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 29, 1961, to January 15, 1962 and last saw him alive on January 15, 1962

Death occurred at

7:30

A.m. on the date stated above, and to the best of my knowledge, from the causes stated

22a. SIGNATURE

(Degree or title)

Sam Hooper, M.D.

22b. ADDRESS

6232 Troost Ave.

22c. DATE SIGNED

January 16, 1962

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

1/18/62

23c. NAME OF CEMETERY OR CREMATORY

Brooking Cemetery

23d. LOCATION (City, town, or county)

Raytown, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Earp & Sons 4707 Truman Rd. K.C., Mo.

25. DATE RECD. BY LOCAL REG.

1-17-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Hooper

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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270432

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James W. Eayp

Licensed Embalmer No. 4622

P. O. Address H.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.